

2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000002667

Entity Name: INSTITUTE FOR FAMILY CENTERED SERVICES, INC.**Current Principal Place of Business:**C/O NATIONAL MENTOR HEALTHCARE, LLC
313 CONGRESS STREET, 5TH FLOOR
BOSTON, MA 02210**Current Mailing Address:**C/O NATIONAL MENTOR HEALTHCARE, LLC
313 CONGRESS STREET, 5TH FLOOR
BOSTON, MA 02210 US**FEI Number:** 54-1503721**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	DIR
Name	HOLLER, DENIS M.
Address	C/O NATIONAL MENTOR HEALTHCARE, LLC 313 CONGRESS STREET, 5TH FLOOR

City-State-Zip: BOSTON MA 02210

Title	SEC
Name	MARTIN, GINA L.
Address	C/O NATIONAL MENTOR HEALTHCARE, LLC 313 CONGRESS STREET, 5TH FLOOR

City-State-Zip: BOSTON MA 02210

Title	DIR
Name	COHEN, BRETT I
Address	C/O NATIONAL MENTOR HEALTHCARE, LLC 313 CONGRESS STREET, 5TH FLOOR

City-State-Zip: BOSTON MA 02210

Title	PRESIDENT
Name	NARDELLA, BRUCE F.
Address	C/O NATIONAL MENTOR HEALTHCARE, LLC 313 CONGRESS STREET, 5TH FLOOR

City-State-Zip: BOSTON MA 02210

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: GINA L. MARTIN**SECRETARY****04/04/2019**_____
Electronic Signature of Signing Officer/Director Detail_____
Date